



RCE  
JUN 26 2004

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/530,968
Filing Date	May 19, 2000
First Named Inventor	Jean-Claude GROSSETIE et al
Group Art Unit	2872
Examiner Name	A. Chang
Attorney Docket No.	GROS3002/BEU

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- a. The Amendment/Reply filed on (date): filed concurrently herewith on 6/24/04
- b. The Information Disclosure Statement (IDS) filed on (date):
- c. The arguments in the Brief/Reply Brief filed on (date):
- d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- e. Other:
- 2. A one-month Petition for Extension of Time is filed herewith.
- 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
- 4. A check in the amount of \$880 (\$770 - RCE/\$110 - petition fee) is submitted herewith.
- 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
- 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:					Basic Fee:	\$770.00
Total Claims:		-		(highest number previously paid for) =	X \$18 =	
Independent Claims:		-		(highest number previously paid for) =	X \$86 =	
Correspondence Address:					Multiple Dependent Claim (add \$250.00):	
23364 Customer Number					Subtotal:	\$770.00
					50% Reduction if Small Entity Status:	
Phone: 703-683-0500					Total:	\$770.00
Date:	Name:			Signature:	Reg. No.	
June 24, 2004	Benjamin E. Urcia				33,805	

S:\Producers\beu\formletters\RCE - Request for Continued Examination.wpd

(300-ct03)

37/05/2004 JMC/MILLA 00302301 320200 09530968

06/28/2004 PW0HDAF1 00000070 020200 09530968

01 FC:1801 770.00 DA

21 FC:1282 324.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective January 1, 2004

Application or Docket Number

091530968

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
BASIC FEE	\$375
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEES
BASIC FEE	\$750
X\$18=	
X86=	
+290=	
OR TOTAL	

SMALL ENTITY

OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	324
X86=	
+290=	
TOTAL ADDIT. FEE	324

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.